

Registrar's Office

**Medical Student Permission to Release
Education Record Information**

STUDENT INFORMATION

Name: _____ / _____ / _____
Last First MI

Student ID Number: _____ Official UCD E-mail: _____@ucdavis.edu

Request for entire MD program years _____ - _____ Class of: _____

*Please list 2 years after your graduation date to account for any possible delays.

EDUCATION RECORDS TO BE RELEASED

Year 1 & Year 2

Immunization Records w/ TB Results	HIPAA Training Certification	CPR Verification
Doc 2 Certificate Addendum	Drug Screen Results	
Background Check Results	Clerkship Letter	

Release To: Doctoring 1 & 2 Course Coordinators or, as directed by, the Doctoring 1 & 2 Course Coordinators to first and second-year preceptorship sites.

Purpose of Release: Required to complete preceptorships at Affiliate Sites.

Year 3

Immunization Records w/ TB Results	HIPAA Training Certification	CPR Verification
Doc 2 Certificate Addendum	Good Standing/Enrollment Letter	Drug Screen Results
Background Check Results	Clerkship Letter	

Release To: Year 3 Course Coordinators or, as directed by, the Year 3 Course Coordinators to third-year clinical sites.

Purpose of Release: Required to complete clinical clerkships at Affiliate Sites. Information will be released as requested for third-year clinical sites.

Year 4

Enrollment Verification	Immunization / Vaccination Records
Name, E-mail & Graduation Date	Country of Citizenship if not USA
Gender Assigned at Birth	

Release to: UC Davis Fourth-Year Coordinators and/ or VA Site Contact Coordinator.

Purpose of Release: Required to complete clinical rotation at affiliate VA hospitals / clinics.

STUDENT AUTHORIZATION

I certify that I am the above-named person and the information I am providing is accurate. I understand that this release is for the duration of my time in the MD program, which I am expecting to complete while I am enrolled at the UC Davis School of Medicine. I understand that I can withdraw this request at any time and may do so by contacting the Registrar's Office.

Student Signature: _____ Date: _____

(Must be actual wet ink or electronic signature, cannot be typed name)